



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 019800017

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DIANE E.F. CO.,INC.

DOING BUSINESS AS CAPTAIN'S TABLE

ADDRESS 578 MAIN ST.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: FOGG, DIANE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

PORTION OF 1 STORY BLDG W/ 1 DINING AREA, KITCHEN, RESTROOMS INSIDE, 12 X 30 OUTSIDE DINING AREA; 1 ENTRANCE/EXIT ON FRONT OF BLDG 2 ENTRANCES, EXIT ON SIDE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 019800020

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GARDNER RESTAURANT, INC.

DOING BUSINESS AS PATE'S RESTAURANT

ADDRESS 1260 MAIN ST.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: GARDNER,  
ROBERT A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

NORTH SIDE OF MAIN ST., WEST CHATHAM ONE STORY RESTAURANT, BLDG. HAS TWO DINING  
RMS, COCKTAIL LOUNGE, OFFICE, TWO STORAGE RMS. THREE RESTROOMS, AND KITCHEN.  
ENTRANCES IN FRONT, TWO ON SIDE, ONE FROM KITCHEN.

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3. the premises are now open for business (If not explain below)

SIGNED BY:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 019800029

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: QUEEN ANNE INN INC.

DOING BUSINESS AS THE QUEEN ANNE INN

ADDRESS 70 QUEEN ANNE RD.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: WEINKOPF, DANA TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

WOOD FRAME BLDG 3 FLRS, BASEMENT, 1ST FLR, 9 BDRMS 1 DINING RM, BUTLERS PANTRY, KITCHEN, LOBBY, MUSIC RM, LIBRARY, LOUNGE, 2ND FLR 18 BDRMS, BASEMENT, TV LOUNGE, GAME RM, STORAGE REFRIGERATION, BAKERY, LANDRY BATHS & HELPS QUARTERS.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 019800045

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OSR SEAFOOD

DOING BUSINESS AS KREAM N KONE

ADDRESS ROUTE 28

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: ERENIUS, SCOTT TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

SINGLE BRICK BLDG FRONT ENTRANCE ON RTE 28, SIDE ENTRANCE AND REAR EXIT. 68 SEATS IN RESTAURANT APPROX 30 SEATS IN COVERED PATIO KITCHEN, COOKING AND STORAGE AREA.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 019800046

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KATHMANDU, INC.

DOING BUSINESS AS THE BISTRO

ADDRESS HIGH WHEELER SQ.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: VINING, STEPHEN TYPE OF LICENSE: Restaurant  
B.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2ND. FLOOR, APP. 1,500 SQ. FT. IN THE NORTH EAST PORTION OF THE FLOOR FOR THE PURPOSES OF A 60 SEAT REST. AND BAR WITH RIGHT OF ACCESS IN PATRONS TO REMAINDER OF SECOND FLOOR AREA. TWO STAIRCASES AND AN ELEVATOR ON EAST SIDE. EXIT DOOR ON SOUTH AND W/S OF 1ST. FL.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 019800062

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHATHAM PISCES RESTAURANT, INC

DOING BUSINESS AS PISCES RESTAURANT & BAR

ADDRESS 2653 MAIN ST

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02659

MANAGER: CONNORS, SUSAN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

42 SEAT RESTAURANT

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I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 019800065

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PLEASANT BAY VILLAGE MOTOR COURT, INC.

DOING BUSINESS AS PLEASANT BAY VILLAGE RESORT

ADDRESS 1191 ORLEANS ROAD

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: GAMSEY,  
HOWARD L.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SEASONAL RESORT MOTEL, FRONT ENTRANCES, SIDE ENTRANCE AND REAR SLIDERS.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 019800071

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAZY LOBSTER LLC

DOING BUSINESS AS

ADDRESS 247 ORLEANS RD

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: GARDNER,  
MATTHEW

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR CONTAINING 1275SQ FT. 2 ENTRANCES AND EXITS. EXITS IN FRONT, REAR DOOR.  
SEATING CAPACITY 22

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 019800075

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLUE CORAL SEASIDE CUISINE & SPIRITS

DOING BUSINESS AS

ADDRESS 483 MAIN STREET

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: GOLLOTTI,  
ANTHONY R JR.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 019800084

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE GRUMP, INC

DOING BUSINESS AS SWEET TOMATOES CHATHAM

ADDRESS 155 CROWELL RD

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: SWEET, MERRILL TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1500 SF REST IN A STRIP BLDG. FRONT UNIT WITH A FRONT ENTRANCE AND SIDE DELIVERY DOOR

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 019800086

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CELESTINO'S CAFÉ INC.

DOING BUSINESS AS THERESA JORDAN

ADDRESS 513 MAIN STREET

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: JORDAN, THERESA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

1800 SQ FT END UNIT OF A FOUR UNIT BRICK STRUCTURE. THERE ARE THREE EXITS, 1 DOOR IN FRONT, 2 DOORS IN REAR, AND 1 DELIVERY

I hereby certify and swear under penalties of perjury that:

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